

☐ SEXUAL ASSAULT OFFENSE

INCIDENT LEVEL

☐ MULTI AGENCY☐ JUVENILE**INCIDENT REPORT**Memphis Police Department
170 N Main Street

REPORT NUMBER: 0011012144ME

ORI# TNMPD0000

DATE FROM: 11/30/2000 TIME:21:00

DATE TO: 11/30/2000 TIME:21:30

REPORTED DATE: 11/30/2000 TIME:21:52

ADMIN	LOCATION: Memphis, Tn,, TN 38106-				BRIEF DESCRIPTION OF INCIDENT				
	OFFENSE TRACT 721 WARD	DISPOSITION CLEARED BY ARREST	CASE STATUS A	EXCEPTIONAL CLEARANCE CODE NOT APPLICABLE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY			
OFFENSE	UCR CODE 13B	OFFENSE			DEPT CODE 13B-01	RELATED TO TCA#	COUNTS 0	F/M	
	BIAS MOTIVATION 88	PREMISE TYPE 20	TYPE OF RESIDENCE 01	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. N 2. 3.	EVIDENCE AT SCENE 1. 2. 3.				
	WEAPON/ FORCE INVOLVED: 1. 40 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT				
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.				
	WEAPON/ FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT				
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.				
	WEAPON/ FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT				
VICTIM	NAME Nash, Bernadette				STATEMENT <input type="checkbox"/>	HOME - -	CELL *****		
	ADDRESS Memphis, Tn,, TN 38106-				WORK	EMAIL			
	DOB *****	AGE 34	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY *****	SSN *****	
	EYE COLOR 2	HAIR COLOR 1	HEIGHT 509	WEIGHT 210	DLN *****	STATE *****	EMPLOYER		
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		
	JUST HOM CIRCUM								
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		
	DOMESTIC VIOLENCE <input type="checkbox"/>		TRANSPORTED TO SAFE PLACE						
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
	RELATED OFFENSES: 1. 13B 2. 3. 4. 5. 6. 7. 8. 9. 10.								
	RELATION OF VICTIM TO OFFENDER(S) 1. BOYFRIEND OR 2. 3. 4. 5.								
	SMTS								
	LEOKA TYPE				LEOKA VEHICLE		LEOKA ACTIVITY		
	SUSPECT	NAME Hemphill, Willie J				MONIKER		ARRESTED? <input checked="" type="checkbox"/>	HOME
		ADDRESS 5 Memphis, Tn,, TN 38106-				CELL		WORK	
DOB *****		AGE 29	TO AGE	RACE B	SEX M	RESIDENT	ETHNICITY *****	SSN *****	
EYE COLOR 2		HAIR COLOR 1	FACIAL HAIR Fuzz		HEIGHT 510	WEIGHT 160	DLN *****	STATE	
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									
REPORTING OFFICER 1655 Carlisle, Eric V				PARTNER		REVIEWING OFFICER			
REVIEW DATE									

OFFENSES/OTHER PERSONS					REPORT NUMBER: 0011012144ME						
Memphis Police Department					ORI# TNMPD0000						
OFFENSE	UCR CODE		OFFENSE			DEPT CODE		RELATED TO TCA#		COUNTS	F/M
	BIAS MOTIVATION		PREMISE TYPE		TYPE OF RESIDENCE		OFFENSE STATUS	OFFENDER USED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>		FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS		NO OF PREMISES ENTERED		POINT OF ENTRY 1. 2. 3		
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3				
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT		<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE		OFFENSE			DEPT CODE		RELATED TO TCA#		COUNTS	F/M
	BIAS MOTIVATION		PREMISE TYPE		TYPE OF RESIDENCE		OFFENSE STATUS	OFFENDER USED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>		FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS		NO OF PREMISES ENTERED		POINT OF ENTRY 1. 2. 3		
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3				
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT		<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE		OFFENSE			DEPT CODE		RELATED TO TCA#		COUNTS	F/M
	BIAS MOTIVATION		PREMISE TYPE		TYPE OF RESIDENCE		OFFENSE STATUS	OFFENDER USED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>		FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS		NO OF PREMISES ENTERED		POINT OF ENTRY 1. 2. 3		
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	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT		<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE		OFFENSE			DEPT CODE		RELATED TO TCA#		COUNTS	F/M
	BIAS MOTIVATION		PREMISE TYPE		TYPE OF RESIDENCE		OFFENSE STATUS	OFFENDER USED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>		FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS		NO OF PREMISES ENTERED		POINT OF ENTRY 1. 2. 3		
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	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT		<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	Victim	Nash, Bernadette					Berna		-		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		
		5 Memphis, Tn,, TN 38106-									
OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	*****	*****					*****		*****		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		

OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	Suspect	Hemphill, Willie J									
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		
		5 Memphis, Tn,, TN 38106-									
OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		
OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		
OTHERS	INVOLVEMENT TYPE	NAME					MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE		

ADDITIONAL VICTIMS Memphis Police Department										REPORT NUMBER: 0011012144ME		
										OR# TNMPD0000		
VICTIM	NAME Nash, Bernadette					STATEMENT <input type="checkbox"/>		HOME --		CELL *****		
	ADDRESS 5 Memphis, Tn,, TN 38106-					WORK		EMAIL				
	DOB *****		AGE 34	TO AGE	RACE B		SEX F	RESIDENT RESIDENT		ETHNICITY *****		SSN *****
	EYE COLOR 2		HAIR COLOR 1		HEIGHT 509	WEIGHT 210	DLN *****		STATE *****	EMPLOYER		
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE	
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER											
	RELATED OFFENSES: 1. 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.											
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.											
	SMTS											
LEOKA TYPE					LEOKA VEHICLE				LEOKA ACTIVITY			
VICTIM	NAME					STATEMENT <input type="checkbox"/>		HOME		CELL		
	ADDRESS					WORK		EMAIL				
	DOB		AGE	TO AGE	RACE		SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN		STATE	EMPLOYER		
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE	
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER											
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LEOKA TYPE					LEOKA VEHICLE				LEOKA ACTIVITY			
VICTIM	NAME					STATEMENT <input type="checkbox"/>		HOME		CELL		
	ADDRESS					WORK		EMAIL				
	DOB		AGE	TO AGE	RACE		SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN		STATE	EMPLOYER		
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	SMTS											
LEOKA TYPE					LEOKA VEHICLE				LEOKA ACTIVITY			

ADDITIONAL SUSPECTS										REPORT NUMBER: 0011012144ME											
Memphis Police Department										OR# TNMPD0000											
SUSPECT	NAME Hemphill, Willie J										MONIKER					ARRESTED? <input type="checkbox"/>		HOME			
	ADDRESS 5 Memphis, Tn,, TN 38106-										CELL					WORK					
	DOB *****		AGE 29		TO AGE		RACE B		SEX M		RESIDENT			ETHNICITY *****			SSN *****				
	EYE COLOR 2				HAIR COLOR 1				FACIAL HAIR				HEIGHT 510		WEIGHT 160		DLN			STATE	
	CLOTHING										GANG NAME/AFFILIATION										
	SMTS																				
	RELATED OFFENSES:										1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	SUSPECT	NAME										MONIKER					ARRESTED? <input type="checkbox"/>		HOME		
ADDRESS										CELL					WORK						
DOB		AGE		TO AGE		RACE		SEX		RESIDENT			ETHNICITY			SSN					
EYE COLOR				HAIR COLOR				FACIAL HAIR				HEIGHT		WEIGHT		DLN			STATE		
CLOTHING										GANG NAME/AFFILIATION											
SMTS																					
RELATED OFFENSES:										1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											
SUSPECT		NAME										MONIKER					ARRESTED? <input type="checkbox"/>		HOME		
	ADDRESS										CELL					WORK					
	DOB		AGE		TO AGE		RACE		SEX		RESIDENT			ETHNICITY			SSN				
	EYE COLOR				HAIR COLOR				FACIAL HAIR				HEIGHT		WEIGHT		DLN			STATE	
	CLOTHING										GANG NAME/AFFILIATION										
	SMTS																				
	RELATED OFFENSES:										1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	SUSPECT	NAME										MONIKER					ARRESTED? <input type="checkbox"/>		HOME		
ADDRESS										CELL					WORK						
DOB		AGE		TO AGE		RACE		SEX		RESIDENT			ETHNICITY			SSN					
EYE COLOR				HAIR COLOR				FACIAL HAIR				HEIGHT		WEIGHT		DLN			STATE		
CLOTHING										GANG NAME/AFFILIATION											
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RELATED OFFENSES:										1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											
SUSPECT		NAME										MONIKER					ARRESTED? <input type="checkbox"/>		HOME		
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	DOB		AGE		TO AGE		RACE		SEX		RESIDENT			ETHNICITY			SSN				
	EYE COLOR				HAIR COLOR				FACIAL HAIR				HEIGHT		WEIGHT		DLN			STATE	
	CLOTHING										GANG NAME/AFFILIATION										
	SMTS																				
	RELATED OFFENSES:										1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

ADDITIONAL NARRATIVE		REPORT NUMBER: 0011012144ME	
Memphis Police Department		OR# TNMPD0000	
NARRATIVE	NARRATIVE TITLE		
	<p>Title:</p> <p>On 11-30-00 at 2152 hours, Officers Miller #2818 and Carlisle #1659, responded to a Domestic call at [REDACTED] and victim, Bernadette Nash, advised she and her current live-in had a fight and he beat and choked her. Victim said this has happened several times. Victim had small cuts and a large knot on her head where she said suspect had hit her. Suspect was arrested and transported to 201 Poplar. Hold Harmless signed.</p> <p>Entered by Campbell #1277 1145 hours 12-01-00</p> <p>Submitted by Miller #2818</p> <p>Approved by Lt Landrum #4893</p>		
REPORTING OFFICER		REVIEWING OFFICER	REVIEW DATE



SHELBY COUNTY SHERIFF'S OFFICE MUGSHOT PROFILE

**HEMPHILL, WILLIE J**

R&I #:
Booking #: **00156234**
Photo #: **1022438**
Social Security #: **[REDACTED]**
Booking Date/Time: **11-30-2000 23:34:00**
Arrest Date: **11-30-2000**
Age at Arrest: **29**
Date of Birth: **09-10-1971**
Place of Birth: **BAKER ISLAND**
Citizenship:
Sex: **MALE**
Race: **BLACK**
Height: **706**
Weight: **47**
Hair Color: **BLACK**
Eye Color: **BROWN**
Glasses: **NO**
Address: **PRESCOTT
MEMPHIS, TEXAS 38111**
Bin #: **001573**
Comments:



Dak

Aliases:

<u>Last</u>	<u>First</u>	<u>Middle</u>	<u>Maiden</u>
			DOE, JOHN

Scars/Marks/Tattoos:

<u>Type</u>	<u>Location</u>	<u>Description</u>
		SC NECK LEFT SIDE

Charges:

<u>Category</u>	<u>Description</u>
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